

Home care for knee replacement patients aids in recovery

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A team of physical therapy researchers from the University of Colorado School of Medicine have conducted one of the first full-scale studies to assess the effectiveness of in-home physical therapy care for patients who have had knee replacement surgery.

The study analyzes Medicare [home health care](#) claims for [patients](#) treated with total knee arthroplasty in 2012 who received home [health](#) care services for their post-operation rehabilitation.

Generally, patients who received more [physical therapy](#) visits at home were able to recover better from the surgery. The optimal number of home-care visits by physical therapists was six to nine. Researchers also found that patients living in a rural area or having other complex medical conditions were associated with fewer, not more, home health care visits.

"This study is important because some people have recommended saving money by curtailing the use of physical therapists for in-home care for patients who receive [total knee arthroplasty](#)," said lead author Jason R. Falvey, Ph.D., research physical therapist with the CU School of Medicine's Physical Therapy Program. "But those recommendations are based on a lack of research. Our study shows that patients recover better when they receive appropriate care."

Based on a review of 5,967 Medicare beneficiaries, those who received fewer than five home health care visits by a physical therapist were associated with greater difficulty returning to activities of daily living.

The survey of cases covered urban and rural locations across the United States. About 68 percent of the patients were women. Eighty-nine percent were Caucasian.

"This is one of the most commonly performed surgeries in the United States," Falvey said, noting that more than 700,000 total knee replacements are performed each year. The number of cases is expected to increase to 3.5 million annually by 2030.

The cost of the procedure averages \$23,000 to \$27,000, according to the Centers for Medicare & Medicaid Services (CMS), with post-acute care responsible for a substantial portion of that cost. CMS has introduced a bundle payment model that combines the costs of hospital, post-acute-care and outpatient costs associated with total joint replacement. The bundles have the effect of incentivizing the discharge of patients from hospital to home.

"Our study may help care providers prescribe more optimal dosages of at-home physical therapy for these patients who are discharged," said Falvey. "Low users of at-home physical [therapy](#) often had less social support and more complex medical conditions. Patients who don't get the home health care visits they need can end up needing future hospitalization or institutionalization. The risks of not providing the appropriate level home health care may result in higher overall healthcare costs in the long term."

The results of the study are published in the current issue of the *Journal of Bone and Joint Surgery*.

More information: Jason R. Falvey et al, Home-Health-Care Physical Therapy Improves Early Functional Recovery of Medicare Beneficiaries After Total Knee Arthroplasty, *The Journal of Bone and Joint Surgery* (2018). [DOI: 10.2106/JBJS.17.01667](https://doi.org/10.2106/JBJS.17.01667)

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